Document Description: Petition to withdraw attorney or agent (SB83)

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	Application Number	10/706,081-Conf. #7277
	Filing Date	November 13, 2003

**REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT** AND CHANGE OF **CORRESPONDENCE ADDRESS** 

Application Number	10/706,081-Conf. #7277
Filing Date	November 13, 2003
First Named Inventor	Nathan RAVI
Art Unit	1612
Examiner Name	L. Roberts
Attorney Docket Number	111828.0110

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
Please withdraw me as attorney or agent for the above identified patent application, and
all the practitioners of record;
x the practitioners (with registration numbers) of record listed on the attached paper(s); or
the practitioners of record associated with Customer Number:
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.
The reason(s) for this request are those described in 37 CFR:
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) x 10.40(b)(4)
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:
Certifications
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.
I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. X I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. X I/We have notified the client of any responses that may be due and the time frame within which the client must respond.
Please provide an explanation, if necessary:

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: August 26, 2010

Electronic Signature for Minh-Quan K. Pham: /Minh-Quan K. Pham/

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS									
Complete the	or an assign	ection only	y when the	e correspond	ien ec	ce address w	ill <b>ch</b>	ange. Changes o	of address will only be accepted
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Signature	/Minh-Qu	uan K. Ph	nam/						<b>M</b> Y)
Name	Minh-Qu	an K. Ph	am				Re	gistration No.	50,594
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City \	Washingto	'n	State	DC	Zi	p 2003	7	Country	US
Date	August 2	6, 2010					Tel	ephone No.	(202) 772-5800
NOTE: Wit	hdrawal is eff	ective when	approved	rather than wh	en	received.			

## Request for Withdrawal as Attorney or Agent

## Practitioner Registration Numbers Supplemental Sheet

Page 3 of 3 Pages

Name	Registration Number	Name	Registration Number
Katherine P. Barecchia	50,607		
David J. Edmondson	35,126		
Michael C. Greenbaum	28,419		
Brian W. Higgins	48,443		
Tara L. Marcus	46,510		
Thomas C. Martin	57,677		
Minh-Quan K. Pham	50,594		
Peter S. Weissman	40,220		
Michael D. White	32,795		
Victor M. Wigman	25,201		
Charles R. Wolfe, Jr.	28,680		
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